



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 08, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A31330 1. Entity Name CRAT MANAGEMENT, A LIMITED FAMILY PARTNERSHIP					
Principal Place of Business 2410 MARGOLIN LANE CLEARWATER, FL 33764			Mailing Address 2410 MARGOLIN LANE CLEARWATER, FL 33764		
2. Principal Place of Business 2818 SCOBEE DR Suite, Apt. #, etc.		3. Mailing Address 2818 SCOBEE DR Suite, Apt. #, etc.			
City & State PAZM HARBOR FL		City & State PAZM HARBOR		4. FEI Number 59-3012720	
Zip 34683		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIN, JERRY A. 2410 MARGOLIN LANE CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	2818 SCOBEE DR	
NAME	MARGOLIN, JERRY A.		CITY - ST - ZIP	PAZM HARBOR FL 34683	
STREET ADDRESS	2410 MARGOLIN LANE		STREET ADDRESS	280054816722	
CITY - ST - ZIP	CLEARWATER, FL		CITY - ST - ZIP	05/06/05--01068--017 **141.25	
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Jerry Margolin</i> Jerry Margolin			4-4-05		727-442-2193
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE